

BOOKS ABOUT
HEALTHCARE



*Brief book reviews and recommendations
from a secular, pro-market perspective*

by

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Preface

I read a lot of books on healthcare, health policy, public health, and the history of medicine. I love examining how things came to be the way they are, what's working and what's failing in healthcare, and how we can change things to improve our lives.

Making healthcare better *in the real world*, however, is a complicated thing. To undertake a reshaping of the nation's healthcare from the root—as I believe must be done in the United States—one must draw upon and integrate knowledge from a range of fields, including philosophy, economics, and science. Barriers abound—especially on the health policy front, where progress is so often limited by what is politically achievable.

Hundreds of books are published every year dealing either directly or indirectly with healthcare, and it is hard to choose which ones to read. Some books present good, rational ideas. Some do not. Some books present bad ideas but should still be read anyway because they are nevertheless important or influential.

This e-book is a collection of short and relatively informal thoughts and reactions to some of the books that I've read over the past few years. There is nothing comprehensive or systematic about it. I had once toyed with the idea of launching a website devoted to miniature reviews of healthcare-related books, but ultimately decided that this format would make for a handier reference. Stay tuned for updated editions in the future, covering new books—at least the ones that I do not formally review elsewhere.

Jared Rhoads
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Revolutionary Medicine

Jeanne E. Abrams

(2013)

Revolutionary Medicine is essentially a record of the sicknesses and ailments of six of America's founders: George and Martha Washington, Benjamin Franklin, John and Abigail Adams, and Thomas Jefferson. Some other figures are included—for example, James Madison—but only peripherally.

Abrams steps through the lives of these founders, describing their varying states of health and physical constitution at assorted points in their careers. At one level, it makes for a fascinating historical overlay. We already regard these individuals as heroic for their acts of valor and wisdom, whether waging war against the British, drafting documents of immense historic and philosophical significance, or serving the budding nation's interests an ocean away. But to understand that these people often did these deeds in the face of illness, danger, and mourning gives us reason to be extra appreciative.

For example, of the Adamases:

The political stresses endured by her husband and social obligations during her four years as first lady further taxed Abigail's delicate health and affected John as well. When the first couple returned to their remodeled home in Quincy in the hot summer of 1798, Abigail became deathly ill with a recurrence of the severe headaches, fever, insomnia, and rheumatism that had so often troubled her. (p156)

Abrams puts the biographical details neatly in order, but on the whole the book suffers from repetition and lack of any real action or excitement. There are also several out-of-place and unsupported claims about the founders' beliefs on public health which are, at minimum, suspicious. In sum, the book may be useful as a resource, but be selective.

Things That Matter

Charles Krauthammer

(2013)

Charles Krauthammer is an astute political analyst and a superb writer. He is the type of commentator that thoughtful people across the political spectrum should read. Many do.

This anthology of short articles and essays spans three decades of writing for *Time*, *The Washington Post*, and other publications. That a 1983 piece on solipsism in foreign policy or a 1989 piece on the French Revolution can stand next to a piece on the "You Didn't Build That" debacle of 2012 is a testament to the big-picture nature of his thinking.

Only about a tenth of the book has anything to do with medicine or healthcare, but he makes the most of that tenth by taking on some thorny issues: physician-assisted suicide, mental health policy, stem cell research. In the report from the President's Council on Bioethics in 2002, he wrote:

I do not believe a single cell has the moral or legal standing of a child. This is not to say that I do not stand in awe of the developing embryo, a creation of majestic beauty and mystery. But I stand in equal awe of the Grand Canyon, the spider's web and the quantum mechanics. Awe commands wonder, humility, appreciation. It does not command inviolability. I am quite prepared to shatter an atom, take down a spider's web or dam a canyon for electricity. (p200)

Staunch individualists can find plenty in Krauthammer to disagree with. He is wrong on immigration ("Build a barrier"), and he uncourageously regards public infrastructure investment a "core function of government." He is not fully comfortable advocating certain positions on principle, occasionally opting for the empirical case instead. Nevertheless, his is a voice that matters and this is a book worth reading.

Unprecedented

Josh Blackman

(2013)

Unprecedented is a chronicle of the constitutional challenge to the Affordable Care Act. The legal cases—some of which were filed just minutes after the legislation was enacted—moved through the lower courts quickly yet tumultuously, with changes to strategy and personnel on both sides. Blackman, a law professor, tells the story in a straight, factual way.

Why the title? The ACA marks the first time that an administration pushed through such an enormous piece of legislation on a party line vote. It marks the first time that a law passed by Congress compelled individuals to purchase a commercial product. And its Supreme Court decision marks the first time the court rewrote such a major piece of legislation in order to *make* it constitutional.

To [Solicitor General] Verrilli, the health care law did not compel people to buy insurance. Rather, the law only required that those who did not buy insurance to pay a tax. Such a law could more easily be justified by the taxing power. The only problem with the argument was that it did not reflect the statute that Congress wrote. The construction effectively read several words out of the ACA. (p179)

This book is *not* about health policy, or the philosophy of law, or the tenth amendment. Don't read it if your desire is to learn about the health reform law. But *do* read it if you want to see how a constitutional challenge to a law is mounted and how people have to make hard decisions about what to argue and how to argue it.

Blackman doesn't explain or evaluate the finer points of the health reform legislation. Rather, he shows how Randy Barnett, David Rivkin, and others came up with their

challenge, and why the government's Solicitor General chose to reject the advice of practically everyone on the pro-ACA side and argue the case the way he did. (In short, to argue that the ACA is constitutional on commerce clause grounds would have nearly guaranteed the government a loss, since they would not have been able to show a limiting principle. Verrilli had to rely on the ridiculous, self-contradictory taxing power argument, and hope that Roberts would rescue the law by inventing a saving construction.)

The president no doubt recognized the latent threat that the chief justice's opinion posed to future expansion of federal power. (p273)

From a healthcare perspective, there's simply no silver lining to the Supreme Court's ruling. From a purely legal perspective, however, the "easy repair" on the Medicaid expansion was arguably the right decision—it was certainly the least disruptive one—and Roberts's opinion on the individual mandate vis-a-vis the commerce clause *should* be an indication that an end to the abuse of that clause is finally within sight. At least we can hope that's the case.

Medical Ethics (Second Edition)

Michael Boylan, ed.

(2013)

Wiley-Blackwell has published a second edition of Michael Boylan's textbook on medical ethics. At 386 pages, the new edition is a bit shorter than many other texts on bioethics and medical ethics, but it still manages to cover a fair amount of ground.

In this edition, Boylan has made a concerted effort to assemble a book that includes classic articles from well-known figures in ethics (e.g., Noonan, Kass, Thomson) as well as new, specially commissioned pieces. I purchased this text primarily for the new piece by the late historian and scholar John David Lewis, entitled "There is No 'Right' to Healthcare." Lewis's essay is set against an essay arguing the opposite, namely that there *is* a right to healthcare. (Opposing views are occasionally paired in this book in this way.)

Lewis's article concentrates on the moral, rather than the economic, case. He shows that rights have moral foundations, and he explains that the idea of a right to healthcare pits people's other rights against each other, creating impossible contradictions.

[T]o hold that the right to life justifies the right to demand that others provide the needs of life introduces a contradiction in the very concept of rights. It pits one person's right to life against the liberty of another, thus fostering conflict. To the extent that a person acts egoistically—by pursuing their own interests—he or she fails to follow the altruistic command to place others first, and may be considered immoral.... Given this conceptual conflict, it is easy to forget that doctors' self-interest lies in the successful performance of their craft, which aligns with the self-interest of their patients who want to regain their health. (p280)

This book is a good, basic medical ethics text. Certainly the main draw for many free-market advocates will be the Lewis essay, but there are many other essays to provoke thought, too.

True Medical Detective Stories

Clifton K. Meador

(2012)

A young man comes into the emergency department every few weeks with mysterious air bubbles under his skin. An otherwise healthy adult male cannot shake the hiccups. A woman becomes partially paralyzed every time she gets pregnant. Following in the tradition of medical writer Berton Roueche, author Clifton K. Meador presents these real-life stories and more, and reveals how each "mystery" was solved. He closes each case with a few philosophical thoughts on what the experience can tell us about patients, medicine, disease, or man—the rational, and sometimes irrational—animal.

One expert in the field [of psychogenic epidemics] states, 'The challenge is to convey the scientific reality without being seen as blaming or demeaning the victims.' Even though the nature of the illnesses may be solved, we do not have enough information about the correct way to manage mass psychogenic epidemics at the present time. Even after careful detective work, they remain as mysteries of the mind. (p31)

The author does not explore each case very deeply, often spending just a few pages per case. But in many cases, that's enough. It's a fun, fast read. Perfect for the bus or train.

The Autistic Brain

Temple Grandin & Richard Panek

(2013)

Part personal report and part autism literature review, this book outlines what we know and what we don't know about autism. For example, the authors note that recent improvements in neuroimaging can reveal physical differences in the brains of autistics, such as asymmetries, differences in the way the parts of the brain are connected to each other, and variations from the norm in the relative sizes of the brain components. A cerebellum that is 20 percent smaller than the norm, writes Grandin, could be responsible for poor balance and motor control. And poor cortical activation is associated with poor facial recognition ability. That said, the authors also emphasize that imaging alone cannot tell us whether a physical difference in the brain is the cause or the effect of the behavioral difference—an important distinction.

For the patient, [imaging and diagnosis can] have a tremendous psychological benefit as well, by allowing him or her to know what's actually unusual. Personally, I like knowing that my high level of anxiety might be related to having an enlarged amygdala. That knowledge is important to me. It helps me keep the anxiety in perspective. I can remind myself that the problem is out there... The problem is in here—the way I'm wired. (p38)

Importantly, the authors also show how subtle changes in the way that autism is defined in the Diagnostic Manual of Mental Disorders can lead to immense growth in the number of people diagnosed—and thereafter labeled—autistic. Grandin is skeptical of some of the changes, and fears they have led to gratuitous diagnoses.

For clinical details on the condition, other resources may describe the science more fully. But for honesty and straightforwardness in perspective, you can't get a more first-hand account of autism than a book like this, written by someone who is autistic. A good read.

Brainwashed

Sally Satel & Scott Lilienfeld

(2013)

Psychiatrist Sally Satel and clinical psychologist Scott Lilienfeld show how the legitimate and promising field of neuroscience has been co-opted by shysters trying to sell new products and theories of education, psychology, and law. Sure, brain scan imaging may someday reveal certain mysteries about how the brain works, they say, but today's color-dappled images are not the window into the mind that some people are making them out to be.

The goal of brain imaging is enormously important and fascinating; to bridge the explanatory gap between the intangible mind and the corporeal brain. But that relationship is extremely complex and incompletely understood. Therefore, it is vulnerable to being oversold by the media, some overzealous scientists, and neuroentrepreneurs who tout facile conclusions that reach far beyond what the current evidence warrants.... (p xiv)

The authors do not oppose neuroscience; they just take issue with the way some people are trying to "apply" it. Their position is that, given the present early state of our understanding, "the potential for functional brain imaging to mislead currently exceeds its capacity to inform." Quite true.

I would have welcomed more discussion on what we rationally might be able to expect from this new science, but it's still a good book. And if you aren't inclined to buy it for the whole thing, at least sit in a bookstore and check out the introduction and epilogue. Those two sections are particularly good.

Cheating Death

Sanjay Gupta

(2009)

In this book, neurosurgeon and media personality Dr. Sanjay Gupta explores the process of death and how medical science is trying to thwart it. Pretty cool.

Arguably the three best chapters are the one on the value of therapeutic cooling as a means of "buying time" with accident victims and heart attack patients; how CPR outcomes can be improved by performing just chest compressions (i.e., no rescue breaths); and the amazing new area of experimental medicine known as fetal surgery, which can save the lives of fetuses before they are even born. The chapter on hibernation and life suspension is fascinating as well, although it is very speculative and more an exploration of basic biology than practical medicine.

There's no easy answer as to how or why [therapeutic] hypothermia really works. ... what does seem clear is that as a medical therapy, hypothermia buys time. I explain it this way: Chest compressions and artificial respiration provide oxygen that the body needs, but hypothermia slows the body down. That in turn reduces the need for oxygen, so the body can last longer on what's already there.
(p5)

For the most part, Gupta manages to tell evidence-based medical stories without New Age metaphors and invocations. The experiments and studies presented in the book are the work of careful leaders in their respective fields, and except for one section late in the book, readers are largely spared from talk of miracles and the supernatural. Doctors and scientists are out there working tirelessly to buy us precious time in life; these are their inspiring stories.

The Emperor of All Maladies

Siddhartha Mukherjee

(2011)

If you are looking for one book to help you understand how mankind's relationship with cancer has changed and evolved over the millennia, this is the book to read. Period. With this work, Mukherjee may have set a new stylistic standard for medical storytelling.

History repeats, but science reverberates. The tools that we will use to battle cancer in the future will doubtless alter so dramatically in fifty years that the geography of cancer prevention and therapy might be unrecognizable. Future physicians may laugh at our mixing of primitive cocktails of poisons to kill the most elemental and magisterial disease known to our species. But much about this battle will remain the same: the relentlessness, the inventiveness, the resilience, the queasy pivoting between defeatism and hope, the hypnotic drive for universal solutions, the disappointment of defeat, the arrogance and the hubris." (p466)

Despite the length of the book and the slightly corny way in which he weaves his own clinical experiences into the story, this book is immensely readable and engaging. From Imhotep to William Halsted and from Sidney Farber to Novartis, the book examines cancer treatments in their ever-changing historical and medical contexts, and argues that cancer is *not* a single beast to be slain once, but rather a tricky, multifaceted, beguiling foe that is likely to keep us fighting over incremental gains for quite some time.

Don't let the fact that this book made Oprah's top ten list deter you from reading it. It's an impressive piece of research and writing, and I highly recommend it.

The Stem Cell Hope

Alice Park

(2011)

In this book, *TIME* magazine health and medical writer Alice Park explains how the field of stem cell science attracted so much political controversy, and explores how the media has played a role in influencing policy. This isn't a book that was written from an armchair; Park got unprecedented interview access to many of the field's top names. And those are the details that really make the story come alive.

One of the interesting policy issues that arise in the book is the effect on university researchers of the loss of federal funding for stem cell research. Park shows that while some scientists changed their research focus or left the field altogether, others were able to adapt to the loss of funding by attracting private donors (e.g., Geron or HHMI) in order to continue their work. It's good evidence for free-market advocates that research *can* be privately funded.

And while the breakthrough in isolating the first human embryonic stem cells occurred in a university lab, it was financed with private funding from a biotech firm, Geron, and philanthropic donors. (p44)

A good part of this book at the beginning is spent explaining the underlying science of stem cells. This effort isn't wasted. In fact, it's crucial for readers to understand what it is they are talking about and it gives readers the context they need to approach the ensuing policy questions. It's a very good book. Read it before the science becomes too outdated.

In Excellent Health

Scott Atlas

(2012)

You've heard the claims: the American healthcare system spends more per capita on healthcare, yet ranks lower than this-or-that third-world nation (e.g., Costa Rica) on some health outcomes measure. Scott Atlas exposes these claims for what they almost invariably are: nonsense.

Ultimately, [the WHO study] is only marginally a measure of health care performance at all; instead, it is a rank of countries in accordance with their alignment to a specific political and economic ideology—socialized medicine—despite its claims to objectively measure 'quality.' (p3)

Judged properly, writes Atlas, U.S. medical care is second to none. The problem is a managerial one, not a medical one:

...[T]he single and only real 'crisis' in America's health care today is the unsustainable and increasing burden of health care costs on the government budget and the economy. (p245)

Atlas marshals an immense amount of data in his defense, citing hundreds of studies and journal articles and taking on claims from multiple angles. For example, in debunking the claim that U.S. healthcare performs poorly on infant mortality, he notes the wide variations across countries in data gathering practices and data definitions, and presents data showing that the U.S. has the highest percentage of low birth-weight and very low birth-weight infants among developed nations. Most of all, he describes how the U.S. counts virtually all births as live, regardless of prematurity or size, whereas many other

countries have size thresholds or disregard infant deaths that occur within the first 24 hours. Still think we should be ranked lower than Malta?

General readers will find the reams of data in this book overwhelming, but scholars and policy wonks will rightly see this book as a sort of treasure. If you're in the trade and you like hard evidence, get this book and keep it within reach.

The Truth About Obamacare

Sally Pipes

(2010)

Sally Pipes is president of the Pacific Research Institute and an activist for free-market healthcare. Canadian-born, but now a naturalized United States citizen, she is particularly well-attuned to how single-payer ideas can be cloaked, packaged, and sold to an unsuspecting public.

No matter who pays up front, goods and services remain costly to produce. Doctors, nurses, and hospital staffers cost money. So do drugs, MRI machines, and latex gloves. Universal healthcare doesn't suddenly make health care free; it centralizes it in the hands of one giant institution, the government. (p9)

I had the pleasure of interviewing Sally Pipes about her research and her views on the health reform law. She believes it is crucial for people to understand that there is *not* currently a free market in healthcare in America today:

It does concern me greatly that a growing number of doctors in the academy and hospitals favor a single-payer system. The medical schools where our young students are training for a future in medicine either as primary care doctors or specialists are being indoctrinated by their professors who constantly tell them that a government-run system would bring about affordable, accessible, quality care for all. (Interview, 2011)

Her book expands upon these core tenets, while examining key provisions of the Affordable Care Act. Good for a general, politically-minded audience.

Saving Lives and Saving Money

Newt Gingrich

(2003)

Newt Gingrich and his associates at the Center for Health Transformation published this book in 2003 as a "scouting report" on the new business models, technologies, and initiatives that were changing the health delivery system. The book chronicles early adopters of technological improvements that are now fairly common, e.g., electronic medical records, computerized physician order entry (CPOE), and remote ICU monitoring. It also deals with some issues from the perspective of policymaking.

A healthcare system that has designed the patient out of the financial decision-making process is at the heart of the perfect storm.... The third-party-payer system is the hurricane. The third-party-payer system stems from corporate and governmental attempts to centralize power and decision making into their bureaucracies. (p24)

Gingrich says he believes it is important to foster market-like dynamics in healthcare. Correctly, he argues that people need the proper incentives in order to become engaged in saving their own lives and saving their own money, and that the main problem with the current system is that the government and special interests have become too entrenched. In this book, he lays out many good ideas for policy changes. Would he be as strong and consistent an ally of free markets if he were once again elected to office? Who knows.

Healthy, Wealthy, and Wise

John Cogan, Glenn Hubbard & Daniel Kessler

(2011)

This book is a collaboration between two senior fellows at the Hoover Institution and a visiting scholar at the American Enterprise Institute. The authors essentially present a five-part plan for addressing the nation's healthcare woes: 1) equalize the taxation of health expenditures by instituting full deductibility; 2) deregulate insurance markets and redesign Medicare and Medicaid; 3) encourage the development and dissemination of healthcare guidelines; 4) increase controls on anticompetitive behavior; and 5) reform the medical liability reform by imposing a national cap on noneconomic damages.

On the whole, [PPACA] moves insurance regulation in the wrong direction. Most important, its community-rating provisions, as we previously noted, will raise insurance premiums and reduce insurance coverage. Its limits on cost-sharing and medical loss ratios have the effect of enshrining into law the very features of health insurance at the root of the market's fundamental problem: incentives for generous coverage without regard to the moral hazard it creates. (p55)

This book offers some market-style alternatives to what we have today, but nothing that really strikes at the root of the problem. The authors' calls to deregulate insurance markets and redesign Medicare and Medicaid are well-intended, but the specific changes they recommend still grant too much power and legitimacy to those institutions. Concerningly, some of their proposals are not based upon free-market principles at all. For instance, the authors support and want to encourage enforcement of antitrust laws that block hospital mergers and other voluntary associations between consenting people.

Policy analysts who are looking for ideas for incremental reforms may find some decent ideas in this book. Readers looking for a strong vision of healthcare in a free society can move on.

White Coat, Black Hat

Carl Elliott

(2010)

This book focuses specifically on the *bad* aspects of contemporary medicine—where medicine, drug development, and drug marketing have "gone wrong." So does that make it a reckless anti-capitalist screed? Not necessarily.

Although big pharma is unjustly demonized in the culture for daring to make a profit from its development of life-saving and life-enhancing drugs, author Carl Elliott makes it clear that he is *not* offering an overall evaluation of the industry. Rather, he is simply exposing and shining light upon what he regards to be some of the industry's gray areas, unsavory practices, and bad apples. There's a place for that, and it's something that free-market advocates have to be prepared to deal with.

For instance, there's the practice of some companies convincing people they have a new medical condition, when the medical evidence may be shaky or premature:

[In the 1960s], clinical depression was regarded as a rare condition—so rare, in fact, that there appeared to be little profit in marketing an antidepressant. The solution was to increase the frequency of the diagnosis. To that end, Merck bought fifty thousand copies of a book by Frank Ayd called Recognizing the Depressed Patient and sent them out free of charge to general practitioners all over the country. Prescriptions for amitriptyline took off dramatically, despite the fact that a similar antidepressant, imipramine, had been available since the mid-1950s. The key to selling antidepressants, it became clear, was to sell clinical depression.
(p120)

There's stuffing the medical literature with low-quality scientific articles, in order to take down competitors:

AstraZeneca was developing its own anticoagulant, called Exanta, and planned to promote it by highlighting warfarin's drawbacks. 'The thing I didn't know was that companies funded articles to kill a small part of the market,' says Fugh-Berman. 'I also didn't understand how far in advance of a drug launch they started seeding the literature.' (p37)

And there's more, like the dark side of how research subjects are recruited and treated, how medical journals accept low-quality submissions knowing that they can charge high fees for the large number of reprints that drugmakers will invariably buy, and how bioethicists (the author's own profession) have carved out a role for themselves by providing "expertise" of questionable worth. Such is the symbiotic nature of many of the concerns Elliott raises.

Most of the chapters are engaging. Some vignettes, like the one about the founding of the Ethics Institute of South Africa, are not very interesting and could have been omitted. I especially would have liked to hear what policies, changes, or reforms Elliott would propose to address these concerns. Next book, perhaps?

Overhauling America's Healthcare Machine

Douglas Perednia

(2011)

Doug Perednia is a physician, researcher, and writer on health policy and medical information technology. In this book, he covers a range of healthcare issues, from the way Medicare and Medicaid administrators have to resort to minimizing payouts in order to balance their own budgets, to the need for policies that strike a balance between respecting scientific evidence and individualized clinical judgment. His physician qualification lends a nice first-hand feel to many of his observations.

The early 1990's marked the end of a golden age for physicians—financially, politically, socially, psychologically. It was a time marked by the growth of HMOs, managed care, 'capitation,' a loss of practice independence, and the perceived loss of financial control over their futures. These years marked the first time that many American doctors began to question their decision to go into medicine. (p35)

The first half of the book documents the problems and misaligned incentives that are rampant in U.S. healthcare. Perednia is particularly concerned about unnecessary complexity. Over the course of the rest of the book Perednia offer some of his own solutions. Generally he advocates for the reintroduction of market forces, which is good, but he also proposes some questionable ideas, such as a publicly-supported "Universal Basic Health Plan," and suggests that "uniform prices" should be enforced by the government. The book is a worthwhile read, but it is stronger in the diagnoses that it makes than the cures it offers.

Reforming America's Healthcare System

Scott Atlas

(2011)

Nine health policy writings by nine different health policy experts, edited by Scott Atlas of the Hoover Institution. Free-market advocates will recognize many of the contributors, including Douglas Holtz-Eakin, Richard Epstein, Grace-Marie Turner, and Scott Gottlieb. The result is a nice, compact book that does a splendid job of sampling current health policy thinking across a range of topics, including medical innovation, medical malpractice, health savings accounts, individual mandates, and more.

Editor Scott Atlas on insurance:

[Underwriting] is widely accepted in auto insurance markets, where people with worse driving records and longer commutes have to pay more for coverage. Drivers with lower expected costs pay less; drivers with higher expected costs pay more. Nobody thinks the purpose of auto insurance is to make good drivers pay for the accidents of bad drivers. (p25)

Contributor Richard Epstein on malpractice reform:

...[W]hy treat medical malpractice as a regime of tort law in the first place? Under common understanding today, a tort case arises whenever there is bodily injury or property damage. Only the former is at stake in medical malpractice. The usual implication of calling something a tort means that positive law fixes the rights and duties of the parties as a matter of public policy. That approach is surely inescapable in cases involving strangers where the harm is inflicted on some person with whom the actor has no antecedent relationship.... With health

care services, the patient does not want a doctor or a nurse to act like a stranger, taking care only to avoid contact. (p88)

Two chapters that stand out are the ones by Scott Gottlieb, entitled "Medical Innovation in Peril," and Richard Epstein, "The Imperfect Art of Medical Malpractice Reform." Gottlieb argues that it is not just the FDA that discourages investment in life sciences research, other government agencies do, too. Epstein explains the two approaches to malpractice reform—contract and statutory—and argues for the former. Chapter seven by Roger Stark provides a brief but interesting history of failed state reforms, including Oregon Health, Dirigo in Maine, and Keiki Care in Hawaii. Solid research, solid commentary.

Rollback

Thomas Woods

(2011)

Rollback is not primarily about healthcare, but it's one of the few books that are willing to bring up and discuss the idea of state nullification of federal law—something that will almost certainly come up as state legal challenges to the Affordable Care Act make their way through the courts.

By 2010, nullification was being proposed for issues as diverse as health care, gun rights, marriage, medical marijuana, the Transportation Safety Administration (TSA), and federal interference in education, to name a few.
(p177)

Woods surveys the ills of big government and predicts a major fiscal crisis coming soon, which he says Americans will be able to avoid only by accepting drastic cuts in spending on social welfare and healthcare entitlements. In the concluding chapter, he advocates for state nullification, agorism, and systematic state opt-outs from Social Security and Medicare. Where the nullification line of argument will take this particular subgroup of political activists, we will have to wait and see.

101 Ways to Save Money on Health Care

Cynthia Koelker

(2010)

Want some homespun medical advice that could save you money on your doctor visits, prescription medications, hospital bills, and medical tests? Cynthia Koelker is a board-certified family physician with a practice in Akron, Ohio, and she has written just such a book. Some simple tips:

- *Keep in mind a typical head cold resolves in a week without treatment—or seven days with treatment. Most people suffering from head cold symptoms can wait it out. (p2)*
- *Generally if a pill is scored—if it has a line down the middle to facilitate breaking—it is safe to split. But always ask your doctor or pharmacist first.*
- *There are risks of splitting the wrong pills. [Buy a pill splitter for accuracy.] (p31)*
- *[S]ave your money and skip the OTC medications [for weight loss]. They rarely work. (p101)*
- *If you're going to be hospitalized and need to keep costs down, ask about bringing your own medicines along with you, and ask about administering them yourself (including insulin). The worst they can do is say no. (p160)*

As healthcare costs continue to rise and access to care becomes more difficult, "insider" knowledge will become increasingly valuable. Self-paying patients in particular will find it harder to navigate the distorted, confusing marketplace and pay a reasonable price for care. This book helps budget-conscious readers become smarter consumers for

themselves and their families. If you're a frequent consumer of healthcare, get yourself a pocket reference like this.

Health Care Reform and American Politics

Lawrence Jacobs & Theda Skocpol

(2010)

How exactly did the Affordable Care Act get signed into law again? If you didn't follow the sequence of events closely the first time, or if, for some reason, you wish to relive those politically contentious years of 2009 and 2010, here's a book for you.

The first half of this book retraces the political actions, events, and turning points. As a descriptive summary, it is chronological, politically neutral, and quite worthwhile. The second half covers the major provisions of the Affordable Care Act, but to the book's detriment, does so in a rather fawning and uncritical way. For instance:

The winners of health reform are the vast majority of Americans. When the provisions are effectively implemented, seniors, the sick, and average Americans—including many families in the upper middle class—will receive wider and easier access to health insurance benefits protected from trickery by the insurance industry. (p122)

And

The doom-and-gloom portrayal of health reform as a job killer is wrong according to non-partisan analysis. Indeed, Affordable Care may boost the economy.... (p137)

Read the first couple of chapters that cover the political timeline and how the parties maneuvered to shape the debate, if you wish. Skip the rest, or read President Obama's own speeches, if you want to know what the left *thinks* the law will accomplish.

No Apology

Mitt Romney

(2010)

The theme of Mitt Romney's new book is that the world needs a strong, rather than submissive, America. The topic of healthcare is given just one chapter in the book. That chapter is partly a diagnosis of what is wrong with healthcare today, and partly an attempt to explain why he signed the Massachusetts insurance reforms into law. He portrays his management consulting-like approach as a good-faith, fiscally responsible way to get everyone insured.

From the outset, I and my team knew that some of the features the legislature had added would be expensive, including the full complement of coverage mandates such as unlimited in vitro fertilization treatments and dental care, a small fee paid by employers who didn't insure their employees, and no opt-out provision for people who wanted to forgo insurance and pay their own way. (p175)

Much the way he did at the Ford Hall Forum event I attended in Boston earlier this spring, Romney stands by the reform efforts he led in Massachusetts. If what he has written in this book is any indication of how he intends to approach the matter in the coming race for the Republican nomination, then he will have his work cut out for him in defending the individual mandate to the free-market faction of the Republican party.

The Cure

David Gratzer

(2006)

David Gratzer, a practicing psychiatrist and senior fellow at the Manhattan Institute and the Montreal Economic Institute, explains in broad strokes the problems with healthcare in America, how they came to be, and how many of these systemic challenges could be overcome by respecting individual choice and competition. It is a relaxed, conversational book, not a particularly technical read. Gratzer makes his case using many stories and anecdotes, ranging from his father waiting to receive care in Canada, to the friend in NYC who fears leaving her job for losing health insurance, to the various tribulations in the lives of patients from Gratzer's psychiatry practice. The foreword is penned by Milton Friedman.

The crisis in Medicare isn't solely financial; it's also structural. Medicare is fundamentally flawed, largely divorcing recipients from the financial consequences of their actions. The end result is an expensive and bureaucratic program that, in the long run, poses more of a financial disaster for the nation than Social Security. (p122)

Gratzer advocates for market-like reforms from a mostly practical standpoint rather than a philosophical one. In the end, the author's three-part vision for reform is good but relatively incremental, consisting of: 1) making health insurance truly portable, 2) downsizing the FDA and returning it to its focus on drug safety, and 3) securing Medicare by allowing workers to save for their own expenses in their own accounts. It's not a very radical plan, but it could lead to some tangible improvements.

Life Without Disease

William Schwartz

(1998)

William Schwartz was a renowned kidney disease specialist, professor of medicine, and one of the "fathers of nephrology." He passed away in 2009 after a long career. In 1998, he published this book in which he runs through the innovations and breakthroughs of recent decades, and predicts that mankind will achieve great things in molecular medicine and bioengineering over the next fifty years.

Given the immense therapeutic potential of molecular interventions, it does not seem at all unlikely that the child born at the close of this amazing hundred-year period could enjoy a life expectancy of 130 years or more and be free of the major chronic illnesses that now plague the aging. That is the utopian vision for medicine that now, for the first time, appears to have a scientific foundation. (p3)

On why healthcare used to be so inexpensive:

In 1950 costs of health care were remarkably low, because, for a large percentage of patients, doctors really couldn't do much. People spent relatively little on health care (only 4.4 percent of gross domestic product) and got what they paid for—very few useful diagnostic tests or effective treatments. (p8)

And on matters of society:

Every change in human society, no matter how seemingly beneficial, brings with it the potential for new problems, and the continuing conquest of human disease is no exception. Concern over cancer, heart disease, and other illnesses, and over the costs of associated health care may be alleviated only to be replaced by the

threat of a population explosion in which the extraordinarily long-lived elderly become an overwhelming social problem. (p153)

An important concern for Schwartz is the tradeoff between medical progress and cost containment. He expects that as medical technology improves, society will have an increasingly multi-tiered system, with wealthy Americans being able to afford the latest treatments at the highest prices. Schwartz is critical of most forms of rationing, including that of the British and Canadian healthcare systems, but is also pessimistic about the United States's prospects for avoiding a similar political fate. He may be right.

The Man Who Mistook His Wife for a Hat

Oliver Sacks

(1998)

Oliver Sacks is a neurologist with a knack for storytelling and a proclivity for rich descriptions referencing philosophy, music, and literature. This book, a collection of 24 short and curious clinical tales from patients he saw in the 1970s and 80s, is already something of a genre classic.

I must have looked aghast, but [the patient] seemed to think he had done rather well [on the examination]. There was a hint of a smile on his face. He also appeared to have decided that the examination was over and started to look around for his hat. He reached out his hand and took hold of his wife's head, tried to lift it off, to put it on. He had apparently mistaken his wife for a hat! His wife looked as if she was used to such things. (p11)

That's from the title piece. Here are two more:

"We have five senses in which we glory and which we recognize and celebrate, senses that constitute the sensible world for us. But there are other senses—secret senses, sixth senses, if you will—equally vital, but unrecognised and unlauded. These senses, unconscious, automatic, had to be discovered. Historically, indeed, their discovery came late: what the Victorians vaguely called 'muscle sense'—the awareness of the relative position of trunk and limbs, derived from receptors in the joints and tendons—was only really defined (and named 'proprioception') in the 1890s. (p72)

And

Thus the feeling I sometimes have—which all of us who work closely with aphasiacs have—that one cannot lie to an aphasiac. He cannot grasp your words, and so cannot be deceived by them; but what he grasps with infallible precision, namely the expression that goes with the words, that total, spontaneous, involuntary expressiveness which can never be simulated or faked... This is why [the patients] laughed at the President's speech. (p82)

Sacks wrote this book following the advice of his mentor A.R. Luria to "Publish such [curious] histories, even if they are just sketches." Some of the sketches are short, leaving readers wanting more detail and more follow-up. Sacks saw some of these patients just once or a few times, and doesn't always know, or share, what eventually happened to the patients. What he is adept at, though, is analyzing and expressing his thinking process as he seeks to diagnose and help these individuals. He does so with illuminating philosophical references, too, such as one man with Korsakov's syndrome (a type of amnesia) who he says in some ways leads a Humean-type existence of "disconnected, incoherent flux and change."

I first heard of Oliver Sacks in 1993 when I stumbled—completely by accident—upon a television special by Dutch journalist Wim Kayzer called "A Beautiful Accident," which brought together influential thinkers including Freeman Dyson, Stephen Jay Gould, Daniel Dennett, and others for discussions about science and thought itself. Sacks was one of the participants, and I'm glad that I took note of him and later read his books. Professional neurologists looking for a work of medical reference won't find enough clinical detail in this book, but for the rest of us, it's a memorable read.

Politically Correct, M.D.

Sally Satel

(2002)

Sally Satel, a practicing psychiatrist, author, and lecturer at Yale, argues that political correctness is corrupting medicine by elevating bad policies and squelching good ones. The culprit movements and ideologies, according to Satel, include feminism, victimology, "consumer-survivorism," and plain old racism. This book shows the danger of allowing the wrong ideas and priorities to gain influence in medicine and public health.

[A] cadre of academics have put themselves in the business of condemning 'competitive meritocracy,' opposing the free market system, supporting affirmative action and derailing welfare reform—all in the name of health. Their rationale is simple: since health is inextricably tied to wealth and social position, we should try to equalize power in society. (p10)

On "social justice" and public health:

The pursuit of social justice is loosening the public health profession from its scientific and clinical moorings. Certainly, as citizens, public health professionals are free to be active in any political sphere they like, but they must keep their politics from influencing their classroom, their interpretation of research and their health prescriptions. Professionals betray the public's trust when they use their status as health experts to continue the work they began as political activists in the 1960s. (p42)

On relativism in medicine:

Postmodernism may be a harmless approach to literary criticism, but in medicine the stakes are much higher. A health professional who brings the concept of relativism to her work is a frightening prospect. [Postmodern medicine is a] triumph of individuals creating their own truths because no objective truth exists.'
(p91)

Satel's exposure of the lengths to which purveyors of political correctness will go to protect and extend their worldview is sobering. The PC contingent has gained footholds in public health, for instance, by recasting epidemiological challenges as matters of social justice. Thus, a disease such as AIDS ceases to be merely a challenging virus for scientists to solve; it becomes a "biological expression of social inequality."

PCers also convince individuals with mental illness that they are fine, and that it is the *psychiatrists* who are making them ill. PCers are out there convincing nurses that scientific, Western medicine is just a tool for male physicians to exercise oppression, and that "Therapeutic Touch" (i.e., hand-waving and "energy field" manipulation) is a valid alternative.

Satel acknowledges the many shortcomings of status quo, and does not pretend to defend those flaws. Yet she is brave enough to take on this minefield of a topic, call out the unprofessionalism that she sees, and in so doing put forth a positive message of reason, science, and professional excellence.

And the Band Played On

Randy Shilts

(1987)

This book is the definitive journalistic account of the early years of the AIDS outbreak. In a highly chronological presentation, the book tracks the outbreak month-by-month from Zaire in 1976 to the death of actor Rock Hudson in 1985, which served as a turning point culturally and politically. I read the original 1987 version of the book, but I understand there is now also a new 20th Anniversary edition out. I don't know what was changed or added in that new version.

The small band of organizers figured they'd be able to raise thousands from the 15,000 gay men who had congregated for the last blowout of the '81 season. They were wrong. 'Leave me alone,' was one typical reaction. 'This is a downer,' was another. 'What are you talking about?' was the nicest response they got. ... How do you help a community that doesn't want help? ... The proceeds of the weekend's fund-raising totaled \$124. Paul had never thought about how frivolous people could be. He wondered what it would mean for the future, when more people were dying. (p92)

Another important point:

The story of the first Wall Street Journal piece [in 1982] on the epidemic would later be cited in journalism reviews as emblematic of how the media handled AIDS in the first years of the epidemic. ... The gay plague got covered only because it finally had struck people who counted, people who were not homosexuals. (p126)

And

It was four years, one month, and twenty-five days since Gottlieb's first report on the five unexplained cases of Pneumocystis carinii pneumonia had appeared in the Morbidity and Mortality Weekly Report. Since then, he had treated 200 AIDS patients, most of whom were dead by now. ... After all his years of warnings and pleas, he was aggravated that it had taken this, the diagnosis of a movie star, to awaken the nation. (p581)

Shilts takes readers on a vivid and up-close tour of the dramatic and often tumultuous quest to understand and control the mysterious disease that at various points in time was called everything from gay cancer and gay plague to GRID, ACIDS, and CAIDS. Shilts argues that all of the groups involved—the gay community, researchers, elected officials, and businesses—acted badly at times, and that practically no group can escape at least partial blame for allowing the epidemic to progress the way it did. His case is compelling.

Some readers may find the chronological treatment either tiring or too slow-paced; I was glad to have the details. The expansive *dramatis personae* is also difficult to keep up with at first, but becomes manageable by mid-book. Overall, I highly recommend it. (I also recommend the 1993 made-for-television movie by the same name.)

Market-Driven Health Care

Regina Herzlinger

(1999)

Most of America's large industries have undergone major revolutions and transformations over the past few decades. American manufacturers learned to become "focused factories" of lean production and high efficiency. The retail and service sectors have learned to adjust to rapidly changing consumer expectations. So what's the matter with healthcare?

The healthcare industry, writes Harvard Business School Professor Regina Herzlinger, has failed to transform itself to meet the demands of the modern world because organizations are preoccupied with obtaining vertical integration, large size, and preserving top-down systems that put the interests of consumers last. What healthcare needs, according to Herzlinger, is a consumer revolution. Consumers need to be at the center of more decisions; they need to control their dollars; and they need to exercise their cost vigilance in order to spur competition.

Managed care or a government-controlled system might well squelch the innovations that are currently transforming the American health care system. Innovation flourishes best in a market system, in which buyers and sellers can interact freely. ... The key to this entrepreneurial revolution is consumer control of the health care system. (pp281-282)

Herzlinger makes many fine observations in support of this laudable goal. Her strategic analysis is expert, and clearly has a genuine respect for how markets work. Unfortunately, though, showing respect for markets is not quite the same thing as making a principled case for free-markets.

On business issues, Herzlinger is solid; on policy, she wavers. She understands the pitfalls of an individual mandate, but supports it anyway, calling it "essential to the existence of affordable health insurance policies" (p257). Similarly, she understands that markets can self-adjudicate consumer information on healthcare, but supports the creation of an SEC- or FASB-like government healthcare agency anyway. There are more examples, but you get the idea.

If all of the recommendations in the book were put into place tomorrow, there is no doubt that we would have a better system. Consumers would get a better product at a cheaper cost, and healthcare entrepreneurs who would be able to hatch their innovations and share them with the world. The main losers would be the technocrats and strategists who built the status quo, and she rightly doesn't have much sympathy for them.

However, the new system would still fall short of a free market, and it likely would not have much staying power, as there would still be plenty of ways for the government and special interests to intrude—particularly in the areas of insurance and "consumer information." This is an important book in the healthcare management and policy literature, but it is one that puts the author into the "market-friendly" camp, not the free-market camp.



Thank you for your interest in this collection. I hope you've found the writings helpful, at least from the standpoint of helping you to discover which books are out there and to decide which you might want to read for yourself.

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